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REPORT OF THE TWENTY-EIGHTH SESSION OF THE WHO/UNICEF JOINT COMMITTEE ON HEALTH POLICY

Note by the Executive Director

SUMMARY

The twenty-eighth session of the World Health Organization (WHO)/UNICEF Joint Committee on Health Policy (JCHP) met at WHO Headquarters in Geneva from 28 to 30 January 1991. The Joint Committee endorsed the World Declaration on the Survival, Protection and Development of Children and the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s, adopted by the World Summit for Children, at New York on 30 September 1990. It reviewed the health policies adopted by the World Health Assembly and the programme resolutions of the UNICEF Executive Board since it last met in 1989. The Joint Committee further reviewed the strategies and actions to be undertaken by the two organizations, jointly and independently, to reach the WHO/UNICEF Common Goals for Women and Children in the 1990s. It also discussed the status and problems associated with women, children and acquired immune deficiency syndrome (AIDS) and endorsed the proposal of the two organizations to work together to promote healthy lifestyles for youth. The Joint Committee noted the progress made in health economics, the Bamako Initiative, malaria control and the distribution of Ivermectin for the control of river blindness. The significance attached to the management of the peripheral health system based on primary health care (PHC) was recognized, and consensus is being established based on the experience of the two organizations and will be submitted to the next JCHP.

The Executive Director recommends that the Executive Board note the harmonious and excellent work done by the Joint Committee on Health Policy and endorse all of the recommendations made by the Joint Committee in document

E/ICEF/1991/L.15. The Executive Director also recommends that the Executive Board approve the convening of a special session of JCHP in 1992 to review the programmes of action submitted by the two organizations in response to paragraph 35 of the Summit Plan of Action and the experience of WHO and UNICEF in the management of the peripheral health system based on PHC.

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INTRODUCTION

1. The twenty-eighth session of the World Health Organization (WHO)/UNICEF Joint Committee on Health Policy (JCHP), held at WHO Headquarters in Geneva from 28 to 30 January 1991, reviewed the health policies of the World Health Assembly relevant to UNICEF, programme decisions of the UNICEF Executive Board adopted during 1989 and 1990 and the Declaration and Plan of Action of the World Summit for Children. Strategies for implementing the WHO/UNICEF common goals for women and children for the 1990s were also reviewed, including the reduction of infant, child and maternal mortality; women's health; safe motherhood and newborn care; the expanded programme on immunization (EPI); the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI); nutrition activities; breast-feeding; improved water supply and sanitation; eradication of dracunculiasis (Guinea worm disease); and the promotion of healthy lifestyles for youth. The impact of acquired immune deficiency syndrome (AIDS) on women and children and the need for actions to prevent it were addressed. Progress reports were presented on health economics, the Bamako Initiative, malaria control and the distribution of Ivermectin to control river blindness. The significance of peripheral health systems in delivering health services was recognized and it was agreed to discuss the subject at the next JCHP meeting based on the experiences of both organizations.

I. REVIEW OF WORLD HEALTH ASSEMBLY HEALTH POLICIES AND UNICEF RESOLUTIONS

2. Major historic events occurred in 1990, including the World Conference on Education for All at Jomtien, Thailand, and the coming into force of the Convention on the Rights of the Child. In addition, the historic and unprecedented World Summit for Children, held at United Nations Headquarters in September 1990, was attended by 71 heads of State or Government and another 81 officials of Governments who adopted the World Declaration on the Survival, Protection and Development of Children and the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s. Finally, universal child immunization (UCI) was achieved globally. These events herald an era in which the health policies of the World Health Assembly and the decisions of the UNICEF Executive Board in the last two years will have extraordinary significance for children and women.

3. WHO submitted 32 resolutions for review by JCHP covering health for all strategies and primary health care (PHC), women's and children's health, health and the environment, substance abuse and tobacco consumption, policies in specific technical areas and technical cooperation in countries facing specific difficulties. Almost all the resolutions have already been endorsed, are in operation or are to become operational, and the principles underlying them have already been accepted by UNICEF.

4. UNICEF submitted for review 38 programme resolutions of the Executive Board highlighting goals and strategies for the 1990s, programme cooperation,

inter-agency cooperation, programme policies and progress reports on principal areas of activities. During the last two years, the UNICEF Executive Board has adopted programme policies on safe motherhood, ARI, nutrition and the eradication of dracunculiasis. UNICEF is an operational organization that takes guidance from the World Health Assembly on health policy matters, standards and norms that focus mainly on the health of children and women, with special emphasis on preventive health and low-cost and cost-effective measures that reach the maximum beneficiaries. In its 44 years of existence, UNICEF has developed operational principles and practices, based especially on the experience of working at both national and subnational levels and "going-to-scale" to reach national coverage. Thus, World Health Assembly resolutions and UNICEF Executive Board decisions are mutually reinforcing and complementary.

II. WORLD SUMMIT FOR CHILDREN

5. The World Summit for Children was warmly welcomed by the Joint Committee, which recommended that the Executive Boards of the two organizations and the World Health Assembly endorse the World Summit Declaration and Plan of Action. JCHP reminded the two secretariats of the need to submit organizational programmes of action to their respective governing bodies in response to paragraph 35 of the Summit Plan of Action (see A/45/625, annex) before the end of 1991, to set an example for other international organizations.

III. COMMON GOALS FOR THE 1990s

6. JCHP next addressed the WHO/UNICEF common goals for women and children in the 1990s, including the reduction of infant, under-five and maternal mortality, women's health, safe motherhood and newborn care, EPI, CDD, ARI, improved nutrition, breast-feeding, improved water supply and sanitation and the eradication of dracunculiasis. These goals were originally recommended by the Joint Committee in 1989, later approved by the UNICEF Executive Board and the World Health Assembly and recently endorsed by the World Summit for Children. Successful implementation of those programmes would contribute to the achievement of the goals for the 1990s and, at the same time, significantly save children and women from unnecessary and preventable deaths, while raising their quality of life.

IV. HEALTHY LIFESTYLES FOR YOUTH

7. During the 1989 session of the Executive Board, policy decisions were made to emphasize the need to control drug abuse and discourage tobacco smoking because of the severe negative impact these behaviours have on the health of women, children, young people and newborns. WHO, the United Nations Population Fund (UNFPA) and UNICEF also issued a joint statement on adolescent health in 1989 in view of the prevalence of teenage pregnancies in many countries, although it was not submitted to the Board. Programmes targetting

those problems would have principal impact on the youth, and an integrated approach would be more likely to succeed than a fragmented approach because the problems are interrelated. Thus, the World Health Assembly resolution on the health of youth has been most timely in integrating diverse but related programmes to achieve a synergistic impact on a single population. JCHP endorsed this approach.

8. The new integrated approach will encompass all the measures related to issues affecting youth, such as the abuse of substances (drugs, alcohol and tobacco), sexually transmitted diseases (especially important in view of the transmission of AIDS), early marriage and pregnancies before biological and psychological maturity, nutritional imbalances, etc. It is significant that the most important intervention for all these problems is public education through the use of the "third channel" (non-formal education using all forms of communication) leading to the creation of a value system with behavioural change. This programme could potentially have enormous impact even if it only starts a trend for the future.

V. WOMEN, CHILDREN AND AIDS

9. The heavy toll that the AIDS pandemic is continuing to exact, especially in Africa, but also on other continents, was recognized by JCHP. If the pandemic remains uncontrolled, the large number of tragic deaths from AIDS will also make it difficult to achieve the mortality goals in many countries, especially in Africa where the need to reduce mortality is most acute. The main weapons against the spread of this disease are known: changing sexual behaviour; and eliminating transmission through the exchange of infected blood in drug abuse and through the use of unsterilized needles and syringes. Prevention is possible because the route of transmission is known. Therefore, the impending challenge is to operationalize the knowledge effectively. In view of the seriousness of the AIDS panedmic, threatening the survival of a large human population and the well-being of several nations, the Joint Committee expressed its satisfaction with the close cooperation between the two organizations in this regard and stressed the need for the development of innovative and preventive actions. JCHP also recorded its appreciation of the attention given to AIDS orphans by UNICEF. The Executive Director concurs with all the Joint Committee's observations.

VI. PROGRESS REPORTS

10. The secretariat submitted progress reports on health economics, the Bamako Initiative, malaria control and the distribution of Ivermectin for the control of river blindness. The Bamako Initiative continued to progress, and its usefulness and impact were vividly described by a member of the WHO Executive Board who recounted how the joint guidelines developed by WHO/Regional Office for Africa and UNICEF were closely followed, how community management of funds was proceeding, the way in which distribution and the rational use of drugs were managed and promoted, and the extent to which the

Bamako Initiative had put new life into PHC at the village level. With regard to malaria control, the Joint Committee noted that WHO is convening a meeting at the ministerial level on malaria in the Netherlands in 1992 from which it is hoped that a new policy on malaria control will emerge. The Joint Committee expressed appreciation for the progress made on all fronts.

VII. MANAGEMENT OF THE HEALTH DELIVERY SYSTEM AT THE PERIPHERY

11. WHO has evolved the district health system, using the district as the basic organizational unit, especially in Africa. UNICEF works both at national and subnational levels and has supported the Bamako Initiative, developed by African health ministers as a principal means of revitalizing the PHC system both at the community/village level, as well as at the first referral level. The UCI experience has also been most useful because it contributes to establishing health infrastructure at different levels, helping to create extensive social service delivery systems in the developing world. The experience of the two organizations at the peripheral level, therefore, needs to be analyzed and, wherever possible, synthesized, taking into account the differences in geographical and administrative structures and different stages of development. It would undoubtedly contribute towards further PHC development at the periphery if these experiences could be analyzed and used more extensively. Therefore, the Joint Committee decided to review the subject at its next meeting based on a paper to be prepared jointly by the secretariats of both organizations.

VIII. SPECIAL SESSION OF JCHP IN 1992

12. The twenty-eighth session of JCHP was a harmonious, informative, mutually supportive and exhilarating experience looking ahead towards the year 2000. Many old challenges remain and many new challenges and opportunities have also emerged. JCHP felt that it should encourage WHO and UNICEF in the development of their respective programmes of action to be submitted to their respective governing bodies for review and endorsement before the end of 1991. JCHP felt that it would be useful to develop avenues of complementarity between the two organizations to mutually reinforce their work, especially in view of the enormity of the challenges presented by the goals for 1990s. Therefore, JCHP recommended that a special session of JCHP be held in 1992 to review the programmes of action prepared in response to paragraph 35 of the Summit Plan of Action, as well as the joint position of the two secretariats on the management of peripheral health systems based on PHC.

IX. RECOMMENDATIONS

13. The Executive Director recommends that the Executive Board note the harmonious and excellent work done by the Joint Committee on Health Policy and endorse all of the recommendations made by the Joint Committee in document

E/ICEF/1991/L.15, and also recommends that the Executive Board approve the convening of a special session of JCHP in 1992 to review the programmes of action submitted by the two organisations in response to paragraph 35 of the Summit Plan of Action and the experience of WHO and UNICEF in the management of the peripheral health system based on PHC.